

CHANGE OF CONTRACTOR

Date of Request://	Permit #:	
Effective Date of Change of Contractor://	Permit Type:	
Job Address:		
PERSON REQUESTING CHANGE OF CONTRACTOR		
I am the ☐ Current Contractor ☐ Authorized Permit Agent ☐ New Contractor ☐ Property Owner		
Name:	Email:	
Address:	Phone:	
Property Owner Name:		
Signature of Property Owner:		
CONTRACTOR BEING REPLACED OR WITHDRAWN		
☐ Contractor is requesting to withdraw from project ☐ Contractor is being removed from project		
Name of Contractor/Company:		
Trade or Profession:		
Reason:		
NEW CONTRACTOR RESPONSIBLE FOR PROJECT		
Trade or Profession:		
Name of Company:		
Name of Licensed Individual or Qualifying Agent:		
GA Contractor or Trade License No.:		Expires:
GA Qualifying Agent License No.:		Expires:
Business License # & Jurisdiction: Expires		Expires
Address:		
City/State/Zip:		
Phone: Email:		
I hereby certify that the information provided herein is true and correct. I accordance with approved plans/scope of work for this permit and will coapplication.	omply with the certificat	
Signature	Date/ _	/
Print Name		
REQUIRED: Attach copies of business license, current State license A notarized Authorized Permit Agent Form and photo		

if the new contractor is added by a person other than the State license holder.